

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

CRAFT TEXTILE

27220136-outlets 1 & 2

1. MONTH OF AUGUST 1, 2008 THRU AUGUST 31, 2008
2. Is Outlet # (8 digit) Correct? ☒ Y N N/A
3. Is average Total flow-gal.day stated in space provided? ☒ Y N N/A
4. Is max. Total flow-gal day stated in space provided? ☒ Y N N/A
5. Is method used to calculate water stated? ☒ Y N N/A
6. Are number of working days stated? ☒ Y N N/A
7. Are there any parameters which have exceeded PVSC Local Limits? Y ☒ N N/A
8. Is proper compliance/non-compliance statement provided? ☒ Y N N/A
9. Have correct number of samples been submitted? ☒ Y N N/A
10. Has PHC result been listed on MR-1 report? Y N ☒ N/A
11. Has sample number been reported in space provided? ☒ Y N N/A
12. Have all regulated parameters been listed on MR-1? ☒ Y N N/A
13. Has sample type been stated on MR-1? ☒ Y N N/A
14. Have all samples been taken during this reporting period? ☒ Y N N/A
15. Has NJDEPE certified lab been used? ☒ Y N N/A
16. Have analytical results been submitted on copies of Laboratory stationery? ☒ Y N N/A
17. Have results been written in space designated on MR-1? ☒ Y N N/A
18. Is correct method used to preserve samples stated on MR-1? ☒ Y N N/A
19. Has MR-1 been signed by authorized representative? ☒ Y N N/A
20. Has information been submitted on proper MR-1 form? ☒ Y N N/A
21. Remove Arsenic from report if sampling not required Y N ☒ N/A

c.g.m.

MR-1 CHECK OFF LIST FOR NON-CATEGORICAL COMPANIES

Craft Textile

27220136

First Reviewer: comments on deficiencies COMPLETEDate Reviewed 10/14/08 Date sent to user _____Date due back _____ Reviewer C.J.M.

Second review comments on deficiencies

Date Reviewed _____ Date sent to user _____

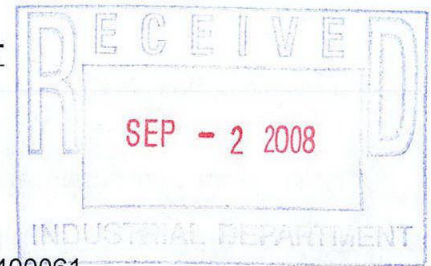
Date due back _____ Reviewer _____

Date _____ Reviewer _____

CALVIN

PRETREATMENT MONITORING REPORT

NAME: Craft Textile Printing Co., Inc.
 MAILING ADDRESS: P.O. Box 2761, Paterson, NJ 07509-2761
 FACILITY LOCATION: 44 Beech Street, Paterson, NJ 07501
 Category & Subpart: 9999 OUTLET # 1
 Contact Official: H.R. Casparian Telephone # 973-278-3818
 New Customer ID/Outlet ID: 27220136-1 Old Outlet Designation: 27400061



MONITORING PERIOD

START	END
8/1/2008	8/31/2008
m/d/yr	m/d/yr

Regulated Flow(gal/day)
 Total Flow (gal/day)

Average Maximum
 N/A

24062 26468

Method Used:

Gallons in less 5% evap. divided by
 production days in month (13)

Production Rate: N/A

Parameter		Mass or Concentration			# of Samples	Sample Type
		Mon Avg	Maximum	Units		
Zinc	Sample Measurement	0.122		mg/l	1	Comp
	Permit Requirement	1.67		mg/l		
Copper	Sample Measurement	0.0125		mg/l	1	Comp
	Permit Requirement	.092/3.02		mg/l		
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
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	Sample Measurement					
	Permit Requirement					

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Certification of Non-Use if applicable (use additional sheets)

N/A

Compliance or non-compliance statement with compliance schedule for every parameter used:

< Local Limits: ZN , CU

> Local Limits: N/A

< Threshold Values ZN , CU

> Threshold Values: N/A

Craft Textile Printing Co., Inc., is in compliance with local limits.


Explain "Method for preserving samples:

Refrigerator until end of pumping, then nitric acid as a preservative to a pH less than 2.

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or the persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

403.6(a)(2)(ii) revised by 53 FR 40610. October 17, 1988

Signature of Principal


executive or authorized agent

H.R. Casparian-President

Name-Title

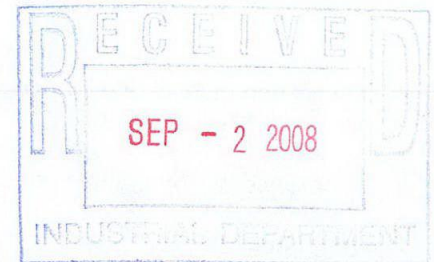
8/29/2008

Date

PVSC Form MR-1 Rev: 5 3/91 P2

PRETREATMENT MONITORING REPORT

NAME: Craft Textile Printing Co., Inc.
 MAILING ADDRESS: P.O. Box 2761, Paterson, NJ 07509-2761
 FACILITY LOCATION: 44 Beech Street, Paterson, NJ 07501
 Category & Subpart: 9999 OUTLET # 2
 Contact Official: H.R. Casparian Telephone # 973-278-3818
 New Customer ID/Outlet ID: 27220136-2 Old Outlet Designation: 27400062



MONITORING PERIOD

START	END
8/1/2008	8/31/2008
m/d/yr	m/d/yr

Average Maximum
 Regulated Flow(gal/day) N/A
 Total Flow (gal/day) 15141 16655

Method Used:

Gallons in less 5% evap. divided by
 production days in month (13)

Production Rate: N/A

Parameter		Mass or Concentration			# of Samples	Sample Type
		Mon Avg	Maximum	Units		
Zinc	Sample Measurement	0.014	0.0914 ✓	mg/l	1	Comp
	Permit Requirement	1.67		mg/l		
Copper	Sample Measurement	0.014		mg/l	1	Comp
	Permit Requirement	.092/3.02		mg/l		
Lead	Sample Measurement	0.00621		mg/l	1	Comp
	Permit Requirement	.029/ .54		mg/l		
	Sample Measurement					
	Permit Requirement					
	Sample Measurement					
	Permit Requirement					
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	Sample Measurement					
	Permit Requirement					

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Certification of Non-Use if applicable (use additional sheets)
N/A

Compliance or non-compliance statement with compliance schedule for every parameter used:

< Local Limits: ZN , CU , PB	> Local Limits: N/A
< Threshold Values ZN , CU , PB	> Threshold Values: N/A

Craft Textile Printing Co., Inc., is in compliance with local limits.

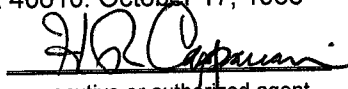
Explain "Method for preserving samples:

Refrigerator until end of pumping, then nitric acid as a preservative to a pH less than 2.

I certify under penalty of law that this document and attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or the persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

403.6(a)(2)(ii) revised by 53 FR 40610. October 17, 1988

Signature of Principal


executive or authorized agent

H.R. Casparian-President

Name-Title

8/29/2008

Date

PVSC Form MR-1 Rev: 5 3/91 P2



284 Sheffield Street, Mountainside, NJ 07092 Phone: 908-789-8900 Fax: 908-789-8922

Report of Analysis

Client: Craft Textile Printing

Date Collected: 8/6/2008

Project: Permit Renewal 2008

Date Received: 8/6/2008

Client Sample ID: OUTLET-1

SDG No.: Z4013

Lab Sample ID: Z4013-01

Matrix: WATER

% Solids: 0.00

CAS No.	Analyte	Conc.	Qualifier	Units	DL	Dilution	Date Prep	Date Anal.	Method
7440-50-8	Copper	12.5		ug/L	2.400	1	8/7/2008	8/7/2008	EPA 200.7 ICP 4
7440-66-6	Zinc	122		ug/L	4.800	1	8/7/2008	8/7/2008	EPA 200.7 ICP 4

Comments:

U = Not Detected

DL = Method Detection Limit or Instrument Detection Limit

J = Estimated Value

B = Analyte Found In Associated Method Blank

N = Spiked sample recovery not within control limits

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284 Sheffield Street, Mountainside, NJ 07092 Phone: 908-789-8900 Fax: 908-789-8922

Report of Analysis

Client: Craft Textile Printing

Date Collected: 8/6/2008

Project: Permit Renewal 2008

Date Received: 8/6/2008

Client Sample ID: OUTLET-2

SDG No.: Z4013

Lab Sample ID: Z4013-02

Matrix: WATER

% Solids: 0.00

CAS No.	Analyte	Conc.	Qualifier	Units	DL	Dilution	Date Prep	Date Anal.	Method
7440-50-8	Copper	14.0		ug/L	2.400	1	8/7/2008	8/7/2008	EPA 200.7 ICP 4
7439-92-1	Lead	6.210	J	ug/L	3.600	1	8/7/2008	8/7/2008	EPA 200.7 ICP 4
7440-66-6	Zinc	91.4		ug/L	4.800	1	8/7/2008	8/7/2008	EPA 200.7 ICP 4

Comments:

U = Not Detected

DL = Method Detection Limit or Instrument Detection Limit

J = Estimated Value

B = Analyte Found In Associated Method Blank

N = Spiked sample recovery not within control limits

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CHAIN OF CUSTODY RECORD

284 Sheffield Street, Mountainside, NJ 07092
(908) 789-8900 Fax (908) 789-8922
www.chemtech.net

CHEMTECH PROJECT NO
QUOTE NO 74013
COC Number 076476

CLIENT INFORMATION				CLIENT PROJECT INFORMATION				CLIENT BILLING INFORMATION								
REPORT TO BE SENT TO: COMPANY: <u>CRAFT TEXTILE PRINTING CO., INC.</u>				PROJECT NAME: <u>PROJECT NO.:</u>				BILL TO: PO#:								
ADDRESS: <u>P.O. Box 2761</u>				LOCATION: <u>PROJECT MANAGER:</u>				ADDRESS: CITY:								
CITY: <u>PATERSON</u> STATE: <u>NJ</u> ZIP: <u>07509</u>				e-mail: <u>PHONE:</u>				STATE: <u>ZIP:</u>								
ATTENTION: <u>H. R. CASPARIAN</u>				FAX: <u>PHONE:</u>				ATTENTION: ANALYSIS								
PHONE: <u>973-278-3818</u> FAX: <u>973-523-8677</u>				DATA DELIVERABLE INFORMATION				PRESERVATIVES								
FAX: _____ DAYS: _____				<input type="checkbox"/> RESULTS ONLY <input type="checkbox"/> USEPA CLP				--- Specify Preservatives								
HARD COPY: _____ DAYS: _____				<input type="checkbox"/> RESULTS + QC <input type="checkbox"/> New York State ASP "B"				A-HCl B-HNO ₃								
EDD: _____ DAYS: _____				<input type="checkbox"/> New Jersey REDUCED <input type="checkbox"/> New York State ASP "A"				C-H ₂ SO ₄ D-NaOH								
PREAPPROVED TAT: <input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> New Jersey CLP <input type="checkbox"/> Other _____				E-ICE F-Other								
STANDARD TURNAROUND TIME IS 10 BUSINESS DAYS				<input type="checkbox"/> EDD FORMAT												
CHEMTECH SAMPLE ID	PROJECT SAMPLE IDENTIFICATION	SAMPLE MATRIX	SAMPLE TYPE	SAMPLE COLLECTION DATE	TIME	# OF BOTTLES	1	2	3	4	5	6	7	8	9	COMMENTS
1.	Outlet #1	X	8/6/08	11:25 AM	2	X										
2.	Outlet #2	X	8/6/08	11:26 AM	2	X										
3.																
4.																
5.																
6.																
7.																
8.																
9.																
10.																
SAMPLE CUSTODY MUST BE DOCUMENTED BELOW EACH TIME SAMPLES CHANGE POSSESSION INCLUDING COURIER DELIVERY																
RECEIVED BY: <u>[Signature]</u>		DATE/TIME: <u>8/6/08 11:20 AM</u>		RECEIVED BY: <u>[Signature]</u>		DATE/TIME: <u>8/6/08 11:25 AM</u>		RECEIVED BY: <u>[Signature]</u>		DATE/TIME: <u>8/6/08 12:25 PM</u>		SHIPPED VIA: CLIENT: <input type="checkbox"/> HAND DELIVERED <input type="checkbox"/> OVERNIGHT				
RELINQUISHED BY: <u>[Signature]</u>		DATE/TIME: <u>8/6/08 11:20 AM</u>		RELINQUISHED BY: <u>[Signature]</u>		DATE/TIME: <u>8/6/08 11:26 AM</u>		RELINQUISHED BY: <u>[Signature]</u>		DATE/TIME: <u>8/6/08 12:25 PM</u>		SHIPMENT COMPLETE: <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				

NON USE CERTIFICATION MONITORING REPORT LOCAL LIMITS

TYPE: CRAFT TEXTILE

MAILING ADDRESS: _____

PLANT LOCATION: _____

CATEGORY & SUBPART _____ PERMIT #: 27220136 OUTLET #: 2

FACTORY OFFICIAL: _____ TELEPHONE #: _____

I have been authorized to certify non-use for the following heavy metals:

Lead <input checked="" type="checkbox"/>	Zinc _____	SAMPLE DATE		
Mercury _____		MONTH	DAY	YEAR
Molybdenum _____		8	00	08
Nickel <input checked="" type="checkbox"/>				

METER		CONCENTRATION			SAMPLE TYPE
		RESULT	THRESHOLD VALUE EXCEEDED YES OR NO	UNITS	COMP/GRAB
COPPER	Sample Measurement	0.014	n	mg/l	Comp.
	Threshold Value	0.092		1	
LEAD	Sample Measurement	0.00621	n	mg/L	comp.
	Threshold Value	0.029		1	
	Sample Measurement				
	Threshold Value				
	Sample Measurement				
	Threshold Value				
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	Sample Measurement				
	Threshold Value				
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	Threshold Value				

1/SC Form MR-3 10/96